

Request for Financial Aid – Fall 2016
Principal Input Form
Diocese of El Paso Education Assistance Fund

School(s) of Attendance: _____

Parents' Name:

Father: _____ Mother: _____

Address: _____

City: _____ State: _____

Name of Student(s) and Grade:

Principal Input:

Amount of Tuition & Fees for 2016-17 due for Family: \$ _____

Amount of Financial Aid Budgeted/to be Awarded by School for All Families: \$ _____

Financial Aid Granted by School to Family: ___ Yes ___ No Amount: \$ _____

Principal Suggested Amount of Need: \$ _____ (may not exceed \$1,000)

No Need

Some Need

Real Need

Extreme Need

Additional Input from Principal:

Principal's Signature: _____

Committee Use Only

Amount Approved: _____

Committee Chair: _____

Date: _____

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